

**MIAMI TOWNSHIP
MOTOR VEHICLE CRASH REPORT
(PRIVATE PROPERTY)**

LOCAL REPORT NO. 15-10320		CAD# 15-1175-79		LOCAL FILE NO. 15-10320	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. OF VEH. PEDESTRIANS INVOLVED 2	IN COUNTY OF Clermont	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	DATE OF CRASH 12-15-15	TIME: MILITARY 1034
CRASH OCCURRED AT 2005 Stillwater Ln Milford 3445150				TWP PROPERTY DAMAGED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

NARRATIVE SECTION

A	UNIT NO. 1	NO. OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT&RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>	INS. CO. POLICY NO. West Bond Mutual NSM 142991204	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Walters, Nelda L			ADDRESS (NO. STREET, CITY, STATE, ZIP CODE) 2453 SR 125 D-13-104 45108		
PHONE NO. 315-5880		D.O.B. 7-13-42	SEX F	SOCIAL SECURITY NO.	STATE OH DRIVER'S LICENSE NO. RF 265522
OWNER (IF SAME AS DRIVER, WRITE SAME) Clermont Spair Services			D.O.B.	ADDRESS 2085 James E Sauls Dr	PHONE 536-4115
VEH. YR. 2016	MAKE Champion	MODEL E Series	COLOR white	STYLE Bus	STATE OH LICENSE PLATE NO. 437YVG TOWING SERVICE VEH/PED DIR FROM TO

B	UNIT NO. 2	NO. OF OCCUPANTS 0	OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT&RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>	INS. CO. POLICY NO.	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)			ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)		
PHONE NO.		D.O.B.	SEX	SOCIAL SECURITY NO.	STATE DRIVER'S LICENSE NO.
OWNER (IF SAME AS DRIVER, WRITE SAME) Sampter, Darrell F			D.O.B. 6-27-57	ADDRESS 5086 Grass Creek Ln	PHONE
VEH. YR. 1998	MAKE Toyota	MODEL Camry	COLOR Tan	STYLE 4S	STATE OH LICENSE PLATE NO. FW52764 TOWING SERVICE VEH/PED DIR FROM TO

OCCUPANT- WITNESS SECTION

FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE	DAMAGE SECTION CIRCLE DAMAGE UNIT # 1	
	ADDRESS			
FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE		
	ADDRESS		DAMAGE SECTION CIRCLE DAMAGE UNIT # 2	
	ADDRESS			
FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE		
	ADDRESS			

NARRATIVE SECTION

DESCRIBE CRASH REFER TO UNITS BY NUMBER

DATE REPORT FILED 12/15/15	PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OFFICER'S NAME Thompson	BADGE NO. 14	CHECKED BY 14
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